



Limousine Chauffeur Permits Checklist

PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED

- ☐ All applicants must sign the statement of completion at the bottom of this page and include with the application.
- ☐ Applicants must be at least 18 years of age.
- ☐ Applicants must drive for a Limousine Company that holds a Limousine Carrier Certificate from the Public Service Commission.
- ☐ An authorization letter from the Limousine Company must be submitted with the application.
- ☐ Applicants must submit a \$ 15.00 cashier's check or money order made payable to **DEPARTMENT OF DRIVER SERVICES. PERSONAL OR COMPANY CHECKS WILL NOT BE ACCEPTED.**
- ☐ Send (2) 2" X 2" color photos.
- ☐ **Attach a copy of your valid Georgia Driver's License.**
- ☐ Sign consent for background check and have it **NOTARIZED. (TEMPLATE ATTACHED)**
- ☐ Complete, sign and have the **LIMOUSINE CHAUFFEUR PERMIT APPLICATION NOTARIZED.**

STATEMENT OF COMPLETION

Pursuant to DDS Rule 375-5-5-06 (4) states: Chauffeur Permits shall be valid for four (4) years or until suspended, cancelled or revoked. Renewals are handled in the same manner as a new application. Duplicate or replacement Permits are \$15.00.

I hereby certify that this application includes all documents which are required to be attached, for the permit applied for, as outlined above. I understand that an incomplete application or application lacking the necessary attached paperwork may result in my application not being processed and delay in receiving my Limousine Chauffeur Permit.

Print Name

Legal Signature

Date

Please submit application & supporting documents to:

**Georgia Department of Driver Services
REGULATORY COMPLIANCE DIVISION
ATTN: CHAUFFEUR PERMITS
2206 East View Parkway
Conyers, GA 30013**

An application drop box is also available at the entrance of the Conyers Customer Service Center.



Limousine Chauffeur Permit Application

SECTION 1: Applicant Information

Last Name	First Name	Middle Name	Suffix
Date of Birth	Driver's License #	State	Social Security #
Home Address	City	County	Zip Code
Limousines Company	Company phone		
Company Address	City	County	Zip Code

SECTION 2: Applicant Qualifications

2.1 Are you a United States citizen?

☐ Yes ☐ No

2.1.1 If you answered "No" to question 2.1, are you legally present in the United States?

☐ Yes ☐ No

NOTE: Acceptable proof of citizenship or lawful presence may be required.

SECTION 3: Criminal History

3.1 Have you ever been convicted of or plead guilty or nolo contendere to any crime?

☐ Yes ☐ No

3.1.1 If you answered "Yes" to question 3.1, please give the nature of the conviction in the area below.

Charge	State and County	Date
Charge	State and County	Date

3.2 Are you currently on probation for any criminal offense in this or any other state?

☐ Yes ☐ No

3.2.1 If you answered "Yes" to question 3.2, please give the nature of probation in the area below.

Charge	State and County	Date
Charge	State and County	Date



3.3 Are there any criminal charges currently pending against you?

☐ Yes ☐ No

3.3.1 If you answered "Yes" to question 3.3, please provide the nature of the charges below.

Charge	State and County	Date
Charge	State and County	Date

3.4 Have you received a pardon for any of the offenses listed above?

☐ Yes ☐ No

3.4.1 If you answered "Yes" to question 3.4, please attach copy of the pardon.

SECTION 4: Driving History

4.1 Do you currently possess a valid driver's license?

☐ Yes ☐ No

4.2 In the area provided below, please list your driver's license number, the state that issued it to you, and the month, date, and year it expires.

Driver's License Number	State	Expiration Date
		____/____/____

4.3 Is your driver's license or driving privileges currently cancelled, suspended, or revoked in this state or any other jurisdiction?

☐ Yes ☐ No

4.4 Are there any *pending* cancellations, suspensions, or revocations against your driver's license?

☐ Yes ☐ No

4.5 Has your driver's license been cancelled, suspended, or revoked within the past five (5) years?

☐ Yes ☐ No

4.5.1 If you answered "Yes" to question 4.5, please list the State(s) that revoked, suspended, cancelled, or denied your driver's license and the reason(s)

State	Reason	Month/Year



4.6 Please list your complete driver’s history for the previous five (5) years, including pleas of *nolo contendere*.

Offense	State and County	Date	Disposition

4.7 Are there any traffic charges currently pending against you?
☐ Yes ☐ No

SECTION 5: Applicant Information

Under penalty of law, I do hereby swear or affirm that all the information that I have provided herein is complete and accurate.

I will refrain from abusing alcohol or other drugs, or from using illegal drugs.

I hereby authorize the release to DDS of any information necessary for the determination of my application for Limousine Chauffeur Permits. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

I understand that to knowingly make a false statement or conceal a material fact in this application will result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.

Signature	Date
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Sworn to and subscribed before me

this ____ day of _____ 20____. (SEAL)

Notary

CONSENT FOR BACKGROUND INVESTIGATION

I hereby apply for Certification(s) to be issued by the Regulatory Compliance Division of the Department of Driver Services (DDS). I understand that my criminal history, driver's history, and legal presence will be checked. I hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Date _____

Subscribed to and sworn before me:

SEAL OR STAMP

Date _____

RC-900 (07/09)